

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): James McCormick, et al.

Title: METHOD AND APPARATUS FOR PROCESSING CALL
SIGNALING MESSAGES

App. No.: 09/246,612

Filed: 02-08-1999

Examiner: Tang, Kenneth

Group Art Unit: 2156

Atty. Dkt. No. 1400.9801020

Mail Stop OIPE
Commissioner for Patents
PO Box 1450
Alexandria, VA 22313-1450

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FEB 06 2004

Technology Center 2100

REQUEST FOR CORRECTED FILING RECEIPT

Dear Sir:

Please make the indicated corrections as shown on the enclosed Filing Receipt. Please insert **Inventor John Burns** before Inventor Shawn McAllister as evidenced by a copy of the Declaration filed in this Application. Please contact me at the below-listed telephone number if you have any questions or need additional information.

Respectfully submitted,

Date

01/20/2004Ross D. Snyder

Ross D. Snyder, Reg. No. 37,730
Attorney for Applicant(s)
Ross D. Snyder & Associates, Inc.
115 Wild Basin Road, Suite 107
Austin, Texas 78746
(512) 347-9223 (phone)
(512) 347-9224 (fax)

FILING RECEIPT JAN 26 2004
CORRECTED



UNITED STATES DEPARTMENT OF COMMERCE
Patent and Trademark Office
ASSISTANT SECRETARY AND COMMISSIONER
OF PATENTS AND TRADEMARKS
Washington, D.C. 20231

| APPLICATION NUMBER | FILING DATE | GRP ART UNIT | FIL FEE REC'D | ATTORNEY DOCKET NO. | DRWGS | TOT CL | IND CL |
|--------------------|-------------|--------------|---------------|---------------------|-------|--------|--------|
| 09/246,612 | 02/08/99 | 2735 | \$1,310.00 | 1400.9801020 | 5 | 39 | 4 |

MARKISON & RECKAMP
175 WEST JACKSON BOULEVARD
SUITE 1015
CHICAGO IL 60604

COPY

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts of Application" ("Missing Parts Notice") in this application, please submit any corrections to this Filing Receipt with your reply to the "Missing Parts Notice." When the PTO processes the reply to the "Missing Parts Notice," the PTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

Applicant(s) JAMES MCCORMICK, STITTSVILLE, CANADA; DAVID FURSHPAN,
ONTARIO, CANADA; JOHNATHAN BOSLOY, ONTARIO, CANADA; SHAWN
MCALLISTER, ONTARIO, CANADA.

JOHN BURNS,
ONTARIO, CANADA

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 09/03/99
TITLE
METHOD AND APPARTUS FOR PROCESSING CALL SIGNALING MESSAGES

PRELIMINARY CLASS: 709

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Technology Center 2100

99 SEP 16 AM 11:24
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MARKISON & RECKAMP, P.C.

DATA ENTRY BY: BRUNSON, MONIQUE TEAM: 03 DATE: 09/03/99



(See reverse for new important information)



COPY

**DECLARATION
FOR UTILITY OR DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

- ☐ Declaration Submitted with Initial Filing, OR
☒ Declaration Submitted after Initial Filing
(surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number 1400.9801020
First Named Inventor McCormick, et al
COMPLETE IF KNOWN
Application Number
Filing Date
Group Art Unit
Examiner Name

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FEB 06 2004

Technology Center 2100

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

METHOD AND APPARATUS FOR PROCESSING CALL SIGNALING MESSAGES

the specification of which:

- ☐ is attached hereto.
☒ was file on (MM/DD/YYYY) February 8, 1999 as United States Application Number or PCT International Application Number 09/246,612 and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

| Prior Foreign Application Number(s) | Country | Foreign Filing Date (MM/DD/YYYY) | Priority Not Claimed | Certified Copy Attached? | |
|--|---------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| | | | | YES | NO |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

- ☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

| Application Number(s) | Filing Data (MM/DD/YYYY) |
|-----------------------|--------------------------|
| | |
| | |

- ☐ Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

| U.S. Parent Application or PCT Parent Number | Parent Filing Date (MM/DD/YYYY) | Parent Patent Number (if applicable) |
|---|------------------------------------|---|
| | | |
| | | |

- ☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

| Name | Registration Number | Name | Registration Number |
|---------------------|---------------------|------------------------|---------------------|
| Timothy W. Markison | 33,534 | Christopher J. Reckamp | 34,414 |
| Paul M. Anderson | 39,896 | J. Gustav Larson | 39,263 |
| | | | |

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to:

Markison & Reckamp, P.C.
175 West Jackson Boulevard - Suite 1015
Chicago, Illinois 60604
Telephone: 312-939-9800
Facsimile: 312-939-9828

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

The undersigned hereby swear that the inventors of this patent application includes the individuals named below, which includes an additional inventor who was not named when the patent application was filed on the date indicated.

Name of Sole or First Inventor:

☐ A petition has been filed for this unsigned inventor

| | | | |
|--|--------------------|------------------------|-----------------|
| Given Name (first and middle [if any]) | | Family Name or Surname | |
| James S. | | McCormick | |
| Inventor's Signature | <i>[Signature]</i> | Date | May 14, 1999 |
| Residence | City: Stittsville | State: Ontario | Country: Canada |
| Post Office Address | 43 Elm Crescent | | |
| City: Stittsville | State: Ontario | ZIP: K2S 1S8 | Country: Canada |

Name of Additional Joint Inventor:

☐ A petition has been filed for this unsigned inventor

| | | | |
|--|--------|------------------------|----------|
| Given Name (first and middle [if any]) | | Family Name or Surname | |
| David | | Furshpan | |
| Inventor's Signature | | Date | |
| Residence | City: | State: | Country: |
| Post Office Address | | | |
| City: | State: | ZIP: | Country: |

Name of Additional Joint Inventor:

☐ A petition has been filed for this unsigned inventor

| | | | |
|--|----------------------|------------------------|-----------------|
| Given Name (first and middle [if any]) | | Family Name or Surname | |
| Jonathan Jonathan | | Bosloy | |
| Inventor's Signature | <i>[Signature]</i> | Date | June 1, 1999 |
| Residence | City: Kanata | State: Ontario | Country: Canada |
| Post Office Address | 29 Marchbrook Circle | | |
| City: Kanata | State: Ontario | ZIP: K2W 1A1 | Country: Canada |

☒ Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.



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| | | | |
|--------------------|-------------------------------|--|--------------------|
| DECLARATION | ADDITIONAL INVENTOR(S) | Technology Center 2100 | Page 1 of 1 |
| | Supplemental Sheet | Attorney Docket Number 1400.9801020 | |

Name of Additional Joint Inventor:

☐ A petition has been filed for this unsigned inventor

| | | | |
|---|----------------|------------------------|-----------------|
| Given Name (first and middle [if any]) | | Family Name or Surname | |
| John | | Burns | |
| Inventor's Signature | Date | | 14 MAY, 1999 |
| Residence | City: Kanata | State: Ontario | Country: Canada |
| Citizenship: Canadian | | | |
| Post Office Address 1436 Houston Crescent | | | |
| City: Kanata | State: Ontario | ZIP: K2W 1B6 | Country: Canada |

Name of Additional Joint Inventor:

☐ A petition has been filed for this unsigned inventor

| | | | |
|--|----------------|------------------------|-----------------|
| Given Name (first and middle [if any]) | | Family Name or Surname | |
| Shawn | | McAllister | |
| Inventor's Signature | Date | | May 14, 1999 |
| Residence | City: Manotick | State: Ontario | Country: Canada |
| Citizenship: Canada | | | |
| Post Office Address 1330 Revell Drive | | | |
| City: Manotick | State: Ontario | ZIP: K4M 1K8 | Country: Canada |

Name of Additional Joint Inventor:

☐ A petition has been filed for this unsigned inventor

| | | | |
|--|--------|------------------------|----------|
| Given Name (first and middle [if any]) | | Family Name or Surname | |
| | | | |
| Inventor's Signature | Date | | |
| Residence | City: | State: | Country: |
| Citizenship: | | | |
| Post Office Address | | | |
| City: | State: | ZIP: | Country: |

Name of Additional Joint Inventor:

☐ A petition has been filed for this unsigned inventor

| | | | |
|--|--------|------------------------|----------|
| Given Name (first and middle [if any]) | | Family Name or Surname | |
| | | | |
| Inventor's Signature | Date | | |
| Residence | City: | State: | Country: |
| Citizenship: | | | |
| Post Office Address | | | |
| City: | State: | ZIP: | Country: |

Name of Additional Joint Inventor:

☐ A petition has been filed for this unsigned inventor

| | | | |
|--|--------|------------------------|----------|
| Given Name (first and middle [if any]) | | Family Name or Surname | |
| | | | |
| Inventor's Signature | Date | | |
| Residence | City: | State: | Country: |
| Citizenship: | | | |
| Post Office Address | | | |
| City: | State: | ZIP: | Country: |



UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE
 United States Patent and Trademark Office
 Address: COMMISSIONER FOR PATENTS
 P.O. Box 1450
 Alexandria, Virginia 22313-1450
 www.uspto.gov

| APPL NO. | FILING OR 371 (c) DATE | ART UNIT | FIL FEE REC'D | ATTY. DOCKET NO | DRAWINGS | TOT CLMS | IND CLMS |
|------------|---------------------------|----------|---------------|-----------------|----------|----------|----------|
| 09/246,612 | 02/08/1999 | 2127 | 1310 | 1400.9801020 | 5 | 39 | 4 |

CONFIRMATION NO. 6382

CORRECTED FILING RECEIPT



OC000000012149479

25697
 ROSS D. SNYDER & ASSOCIATES, INC.
 115 WILD BASIN RD.
 SUITE 107
 AUSTIN, TX 78746

Date Mailed: 03/22/2004

Receipt is acknowledged of this regular Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. **If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Filing Receipt Corrections, facsimile number 703-746-9195. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the USPTO processes the reply to the Notice, the USPTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).**

Applicant(s)

JAMES MCCORMICK, STITTSVILLE, CANADA;
 DAVID FURSHPAN, ONTARIO, CANADA;
 JOHNATHAN BOSLOY, ONTARIO, CANADA;
 JOHN BURNS, KANATA, ON, CANADA;
 SHAWN MCALLISTER, MANOTICK, ON, CANADA;

Domestic Priority data as claimed by applicant

Foreign Applications

If Required, Foreign Filing License Granted: 09/03/1999

Projected Publication Date: None, application is not eligible for pre-grant publication

Non-Publication Request: No

Early Publication Request: No

Title

METHOD AND APPARTUS FOR PROCESSING CALL SIGNALING MESSAGES

Preliminary Class
709

**LICENSE FOR FOREIGN FILING UNDER
Title 35, United States Code, Section 184
Title 37, Code of Federal Regulations, 5.11 & 5.15**

GRANTED

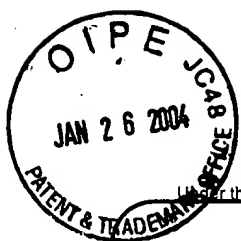
The applicant has been granted a license under 35 U.S.C. 184, if the phrase "IF REQUIRED, FOREIGN FILING LICENSE GRANTED" followed by a date appears on this form. Such licenses are issued in all applications where the conditions for issuance of a license have been met, regardless of whether or not a license may be required as set forth in 37 CFR 5.15. The scope and limitations of this license are set forth in 37 CFR 5.15(a) unless an earlier license has been issued under 37 CFR 5.15(b). The license is subject to revocation upon written notification. The date indicated is the effective date of the license, unless an earlier license of similar scope has been granted under 37 CFR 5.13 or 5.14.

This license is to be retained by the licensee and may be used at any time on or after the effective date thereof unless it is revoked. This license is automatically transferred to any related applications(s) filed under 37 CFR 1.53(d). This license is not retroactive.

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NOT GRANTED

No license under 35 U.S.C. 184 has been granted at this time, if the phrase "IF REQUIRED, FOREIGN FILING LICENSE GRANTED" DOES NOT appear on this form. Applicant may still petition for a license under 37 CFR 5.12, if a license is desired before the expiration of 6 months from the filing date of the application. If 6 months has lapsed from the filing date of this application and the licensee has not received any indication of a secrecy order under 35 U.S.C. 181, the licensee may foreign file the application pursuant to 37 CFR 5.15(b).



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PTO/SB/21 (08-03)

Approved for use through 07/31/2006. OMB 0651-0034

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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| | | |
|---|------------------------|-------------------------|
| TRANSMITTAL FORM (to be used for all correspondence after initial filing) | Application Number | 09/246,612 |
| | Filing Date | 02-08-1999 |
| | First Named Inventor | James McCormick, et al. |
| | Art Unit | 2156 |
| | Examiner Name | Tang, Kenneth |
| | Attorney Docket Number | 1400.98010206 |
| Total Number of Pages in This Submission | | 6 |

| ENCLOSURES (Check all that apply) | | |
|---|--|---|
| <input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please Identify below): Return Receipt Post Card; Request for Corrected Filing Receipt |
| Remarks | | RECEIVED FEB 06 2004 Technology Center 2100 |
| | | |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | |
|--|---------------------------------|
| Firm or Individual name | Ross D. Snyder, Reg. No. 37,730 |
| Signature | <i>Ross D. Snyder</i> |
| Date | 01-21-04 |

| CERTIFICATE OF TRANSMISSION/MAILING | | | |
|---|----------------------|------|----------|
| I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below. | | | |
| Typed or printed name | Terri Alloway | | |
| Signature | <i>Terri Alloway</i> | Date | 01-21-04 |

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

JAN 26 2004

PTO/SB/17 (10-03)

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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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FEES TRANSMITTAL **for FY 2004**

Effective 10/01/2003. Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 1,720.00

Complete if Known

| | |
|----------------------|---------------------------|
| Application Number | 09/246,612 |
| Filing Date | 02-08-1999 |
| First Named Inventor | James S. McCormick et al. |
| Examiner Name | Tang, Kenneth |
| Art Unit | 2156 |
| Attorney Docket No. | 1400.9801020 |

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Technology Center 2100
METHOD OF PAYMENT (check all that apply)
☒ Check ☐ Credit card ☐ Money Order ☐ Other ☐ None

☒ Deposit Account:

| | |
|------------------------|-----------------------------------|
| Deposit Account Number | 50-1566 |
| Deposit Account Name | Ross D. Snyder & Associates, Inc. |

The Director is authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☒ Credit any overpayments

☒ Charge any additional fee(s) or any underpayment of fee(s)

☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION
1. BASIC FILING FEE

| Large Entity Fee Code (\$) | Small Entity Fee Code (\$) | Fee Description | Fee Paid |
|----------------------------|----------------------------|------------------------|----------|
| 1001 770 | 2001 385 | Utility filing fee | |
| 1002 340 | 2002 170 | Design filing fee | |
| 1003 530 | 2003 265 | Plant filing fee | |
| 1004 770 | 2004 385 | Reissue filing fee | |
| 1005 160 | 2005 80 | Provisional filing fee | |

SUBTOTAL (1) (\$)

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

| Total Claims | Extra Claims | Fee from below | Fee Paid |
|--------------------|--------------|----------------|----------|
| Independent Claims | -20** = | X | |
| Multiple Dependent | -3** = | X | |

| Large Entity Fee Code (\$) | Small Entity Fee Code (\$) | Fee Description |
|----------------------------|----------------------------|--|
| 1202 18 | 2202 9 | Claims in excess of 20 |
| 1201 86 | 2201 43 | Independent claims in excess of 3 |
| 1203 290 | 2203 145 | Multiple dependent claim, if not paid |
| 1204 86 | 2204 43 | ** Reissue independent claims over original patent |
| 1205 18 | 2205 9 | ** Reissue claims in excess of 20 and over original patent |

SUBTOTAL (2) (\$)

**or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)
3. ADDITIONAL FEES

| Large Entity Fee Code (\$) | Small Entity Fee Code (\$) | Fee Description | Fee Paid |
|----------------------------|----------------------------|--|----------|
| 1051 130 | 2051 65 | Surcharge - late filing fee or oath | |
| 1052 50 | 2052 25 | Surcharge - late provisional filing fee or cover sheet | |
| 1053 130 | 1053 130 | Non-English specification | |
| 1812 2,520 | 1812 2,520 | For filing a request for <i>ex parte</i> reexamination | |
| 1804 920* | 1804 920* | Requesting publication of SIR prior to Examiner action | |
| 1805 1,840* | 1805 1,840* | Requesting publication of SIR after Examiner action | |
| 1251 110 | 2251 55 | Extension for reply within first month | |
| 1252 420 | 2252 210 | Extension for reply within second month | |
| 1253 950 | 2253 475 | Extension for reply within third month | 950.00 |
| 1254 1,480 | 2254 740 | Extension for reply within fourth month | |
| 1255 2,010 | 2255 1,005 | Extension for reply within fifth month | |
| 1401 330 | 2401 165 | Notice of Appeal | |
| 1402 330 | 2402 165 | Filing a brief in support of an appeal | |
| 1403 290 | 2403 145 | Request for oral hearing | |
| 1451 1,510 | 1451 1,510 | Petition to institute a public use proceeding | |
| 1452 110 | 2452 55 | Petition to revive - unavoidable | |
| 1453 1,330 | 2453 665 | Petition to revive - unintentional | |
| 1501 1,330 | 2501 665 | Utility issue fee (or reissue) | |
| 1502 480 | 2502 240 | Design issue fee | |
| 1503 640 | 2503 320 | Plant issue fee | |
| 1460 130 | 1460 130 | Petitions to the Commissioner | |
| 1807 50 | 1807 50 | Processing fee under 37 CFR 1.17(q) | |
| 1806 180 | 1806 180 | Submission of Information Disclosure Stmt | |
| 8021 40 | 8021 40 | Recording each patent assignment per property (times number of properties) | |
| 1809 770 | 2809 385 | Filing a submission after final rejection (37 CFR 1.129(a)) | |
| 1810 770 | 2810 385 | For each additional invention to be examined (37 CFR 1.129(b)) | |
| 1801 770 | 2801 385 | Request for Continued Examination (RCE) | 770.00 |
| 1802 900 | 1802 900 | Request for expedited examination of a design application | |

Other fee (specify)

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$) 1,720.00

SUBMITTED BY

(Complete if applicable)

| | | | | | |
|-------------------|-----------------------|-----------------------------------|------------|-----------|--------------|
| Name (Print/Type) | Ross D. Snyder | Registration No. (Attorney/Agent) | 37,730 | Telephone | 512-347-9223 |
| Signature | <i>Ross D. Snyder</i> | Date | 01-20-2004 | | |

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS.

SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.
If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.